

## REFERENCE

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ACUTE PSYCHOTIC EPISODES IN  
PATIENTS TREATED WITH  
FLUPHENAZINE ENANTHATE

DEAR SIR,

Fluphenazine enanthate (F.E.) is a new type of neuroleptic drug obtained by combining a fatty acid with fluphenazine (a phenothiazine of the piperazine group) prepared in sesame oil. When it is administered intramuscularly or subcutaneously the therapeutic agent (fluphenazine) is gradually released over a period of two weeks, and because of this it can be prescribed in a dosage of 1 ml. every two weeks (Kinross-Wright *et al.* 1963). Clinical data reported by several investigators who have used it to treat schizophrenic patients show that its pharmacological and therapeutic effects are comparable to fluphenazine hydrochloride (Kurland *et al.* 1964) and that it is particularly useful for the treatment of acute schizophrenic reactions (Kline and Simpson, 1964).

My own clinical experience confirms the favourable opinions of it for the treatment of chronic schizophrenic patients, but at the same time casts some doubt on its usefulness in preventing the occurrence of acute psychotic episodes.

The following illustrative cases belong to a group of 25 chronic schizophrenic patients suffering from delusions and/or hallucinations and treated on an ambulatory basis with F.E.:

(1) A 25-year-old Negro male with a history of schizophrenia, paranoid type, of long duration, was started on F.E. on 13 December, 1967. At the time of his first clinical evaluation he was in good contact, well related, friendly, co-operative and normally talkative. However, abstract thinking impairment and delusional ideas were easily elicitable, and he admitted experiencing frequent auditory hallucinations. He received 1 cc. of F.E. weekly for the first three weeks and 1 cc. every two weeks thereafter. At the end of February 1968 he was greatly improved, his symptoms had completely disappeared, and he returned to work. He continued to attend the psychiatric clinic regularly, and on 22 April he received, as scheduled, 1 ml. of F.E. Four days later he was brought back to the clinic by his brother because he had become argumentative, extremely delusional and acutely hallucinating, and was admitted to hospital.

(2) A 35-year-old Puerto Rican seaman with a history of schizophrenic reaction, paranoid type, of at least one year's duration. While at sea, he began to suffer from auditory hallucinations of such intensity and frequency that he was discharged from duty. For about a year he was

treated with various phenothiazines, but at the time of his referral to our clinic his auditory hallucinations were still continuous and troublesome. He was started on F.E. on 10 April, 1968, 1 ml. weekly for the first three weeks and 1 ml. every two weeks thereafter. On 6 June he received his sixth dose; at that time the auditory hallucinations had completely disappeared and his mental condition was considered much improved. But a week later he was brought in to the emergency room by a relative because of a sudden recurrence of severe, threatening auditory hallucinations. He was admitted to a psychiatric ward.

(3) A 29-year-old Puerto Rican woman with a history of schizophrenic reaction, paranoid type, characterized by impaired abstract thinking, poor judgment, lack of insight, ideas of reference and auditory hallucinations. At the time of referral she was symptom-free, as she had responded favourably to other phenothiazine therapy, but as she was felt to require maintenance pharmacotherapy, and as she often neglected to take the prescribed oral medications, she was started on F.E. treatment. She received her first dose of 1 ml. on 1 May, 1968, and 1 ml. every two weeks thereafter. One week after receiving her fourth dose she again developed ideas of reference, auditory hallucinations and verbal aggressiveness towards her husband. One ml. of F.E. was given immediately, and this was repeated on 25 June and 2 July, but there was practically no improvement and she was therefore put on to a different drug regimen.

These three clinical cases show that F.E. may not prevent the occurrence of acute psychotic episodes, and that in such circumstances its therapeutic effect may be of limited value.

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STEREOTACTIC TREATMENT OF  
PARKINSONISM

DEAR SIR,

The clinical findings and the results of psychological testing of patients submitted to stereotactic treatment of parkinsonism reported by D. Asso *et al.*